

## City of Lynn

# Active Employees FY2023



Guide

May 2, 2022 - May 31, 2022

**Benefits Effective July 1, 2022** 

Welcome to the City of Lynn FY2023 Open Enrollment!

Open Enrollment begins on May 2, 2022 and ends on May 31, 2022 with benefit changes being effective as of July 1, 2022.

The benefits described in this booklet are some of the benefits offered by the City of Lynn to benefits eligible employees.

#### **ELIGIBILITY:**

You are eligible for benefits if you are an active employee of the City of Lynn working a minimum of 20 hours per week.

All Open Enrollment communication can be found on the City of Lynn Open Enrollment site under the Personnel Department Page.

HEALTH, DENTAL, AND VISION (NEW!!) CHANGES MUST BE SUBMITTED ELECTRONICALLY THROUGH THE CITY'S EMPLOYEE SELF SERVICE (ESS) WEBSITE.

Please be advised that all enrollments/changes must be submitted by May 31, 2022.

\*\*If you are not enrolling in or making changes to your benefits, you do not need to do anything. Your benefits will continue as they are. \*\*

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### **Available Benefits During This Enrollment Period**

May 2, 2022 – May 31, 2022

Effective Date July 1, 2022

#### Health Insurance

No changes to plans offered in prior year. Premiums have increased by 1%.

- Harvard Pilgrim HMO
- Harvard Pilgrim PPO
  - \*\*Both Plans Offer Family or Individual Rates\*\*

#### • Dental Insurance

No changes to plans offered in prior year. Premiums have remained the same.

- Altus High Plan (includes orthodontics)
- Altus Low Plan

\*\*Both Plans Offer Family or Individual Rates\*\*

#### Vision Insurance

New plan offered to employees!

- Altus Vision (In partnership with VSP)
  - Employee Only
  - Employee & Spouse
  - Employee & Child(ren)
  - Family

#### **Health Insurance**

#### (HMO or PPO Plans)

**For Active Employees:** Harvard Pilgrim Health Care (HPHC) provides medical coverage, while Maxor provides your prescription drug coverage.

- Harvard Pilgrim Health Care (HPHC) has new premium rates for FY2023. These new rates reflect an increase of 1%.
- The employee contribution rates for employees will remain at 25% for the HMO plans.
- For the PPO plans, the employee contribution rates will remain at 30%.

#### **Have Questions? Need More Information?**

You may review the City's <u>Open Enrollment website</u> to review plans. Benefit handbooks for each of these plans have been included on this site. Monthly and weekly rates for each of these plans offered have been broken down for you on the following pages. Please note City and School Department rates are calculated differently.

# Harvard Pilgrim Rates CITY EMPLOYEES

(Based on 48 weekly payments)

#### **Monthly Premium Comparison to Prior Year**

	FY2022			FY2023				
	INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
HPHC PPO	\$	1,585.28	\$	4,255.58	\$	1,601.13	\$	4,298.13
НРНС НМО	\$	970.20	\$	2,597.86	\$	979.91	\$	2,623.84

#### **FY 2023 PPO Employee and Employer Portions**

	WEEKLY	EMPLOYEE	EMPLOYEE	EMPLOYER	EMPLOYER
	PREMIUM	%	PORTION	%	PORTION
PPO	\$ 400.30	30%	\$ 120.09	70%	\$ 280.21
INDIVIDUAL					
PPO FAMILY	\$ 1,074.53	30%	\$ 322.36	70%	\$ 752.17

#### **FY 2023 HMO Employee and Employer Portions**

	WEEKLY PREMIUM		EMPLOYEE %	EMPLOYEE PORTION		EMPLOYER %	EMPLOYER PORTION
НМО	\$	244.98	25%	\$	61.25	75%	\$ 183.73
INDIVIDUAL							
HMO FAMILY	\$	655.96	25%	\$	163.99	75%	\$ 491.97

# Harvard Pilgrim Rates SCHOOL EMPLOYEES

(Based on 38 weekly payments)

#### **Monthly Premium Comparison to Prior Year**

	FY2022			FY2023				
	INDIVIDUAL		FAMILY		INDIVIDUAL		FAMILY	
HPHC PPO	\$	1,585.28	\$	4,255.58	\$	1,601.13	\$	4,298.13
НРНС НМО	\$	970.20	\$	2,597.86	\$	979.91	\$	2,623.84

#### **FY 2023 PPO Employee and Employer Portions**

	WEEKLY	EMPLOYEE	EMPLOYEE	EMPLOYER	EMPLOYER
	PREMIUM	%	PORTION	%	PORTION
PPO	\$ 505.63	30%	\$ 151.69	70%	\$ 353.94
INDIVIDUAL					
PPO FAMILY	\$ 1,357.30	30%	\$ 407.19	70%	\$ 950.11

#### **FY 2023 HMO Employee and Employer Portions**

		WEEKLY PREMIUM		EMPLOYEE %	EMPLOYEE PORTION		EMPLOYER %	PLOYER RTION
НМО		\$	309.45	25%	\$	77.36	75%	\$ 232.09
INDIVIDU	ΑL							
HMO FAM	ILY	\$	828.59	25%	\$	207.15	75%	\$ 621.44

#### **PLEASE NOTE:**

School employees pay for Health coverage from September 2022 through August 2023 in 38 equal premiums paid from September through June.

**New enrollees during Open Enrollment:** Premiums for July and August are due during the month of June.

<u>Current enrollees</u>: If there is a premium increase for July 1<sup>st</sup>, then a summer premium catch up of the increase amount will be deducted from your paycheck in the month of June.

## **Dental Insurance (Altus)**

The renewal rates for Altus Dental effective **07/01/2022 – 06/30/2023** has a **0%** increase, **no change** in rates.

#### **Altus Dental Low Plan**

100/80/50 \$25/\$75 deductible and a calendar year max of \$1,500.

Monthly premiums: Individual \$48.32 / Family \$134.60

Altus Dental High Plan with (Orthodontics \$1,000 Lifetime Max)

100/100/50 \$25/\$75 deductible and a calendar year max of \$1,500.

Monthly premiums: Individual \$56.16 / Family \$164.02

#### Effective 07/1/2022 - 06/30/2023 (weekly deductions)

Number	Name	Individual	Family	# of Weeks
7945-0001	City of Lynn Municipal (Low)	\$11.15	\$31.06	52
7945-0002	City of Lynn Municipal (High)	\$12.96	\$37.85	52
7945-0003	City of Lynn Schools (Low)	\$15.26	\$42.50	38
7945-0006	City of Lynn Schools (High)	\$17.73	\$51.79	38

#### **PLEASE NOTE:**

All employees are required to pay a month ahead premium for dental insurance coverage.

In addition to the month ahead premium, during open enrollment School employees must pay July and August premiums. These premiums will be deducted from your paycheck in the month of June.

School employees pay for Dental coverage from September 2022 through August 2023 in 38 equal premiums paid from September through June.

School employees who enroll in dental as a result of a qualifying life event/new hire will pay weekly premiums in addition to a catch up of any premiums due for the summer months.

Effective July 1, 2022 – All dental policies will be effective the first day of the month following date of hire or qualifying life event.

### **HIGH VS. LOW PLAN COMPARISON - CITY**

#### ALTUS DENTAL INSURANCE COMPANY, INC.

#### CITY OF LYNN

#### Benefit Comparison Effective July 1, 2022

Benefits			
benems		City Low Plan	City High Plan
Preventive/Diagnostic			
	Cleanings	100%	100%
	Oral Exams	100%	100%
	X-Rays	100%	100%
	Fluoride	100%	100%
	Sealants	100%	100%
	Space Maintainers	100%	100%
	Perio Maintenance	100%	100%
Minor Restorative (1)			
	Fillings	80%	100%
	Palliative Treatment	80%	100%
	Endodontics	80%	100%
	Denture Repairs	80%	100%
	Oral Surgery/Anesthesia	50%	100%
	Periodontic Surgery	50%	100%
	Root Planing & Scaling	50%	100%
Major Restorative (1)	Crowns	50%	50%
	Prosthodontics	50%	50%
	Single Tooth Implants	50%	50%
Orthodontia			
	50% to age 19	N/A	\$1,000
Calendar Year Maximum		\$1,500	\$1,500
Dependent Coverage		Age 26	Age 26
Rates Effective 7/1/2022 - 6/30/2	2024		
	Individual	\$11.15	\$12.96
	Family	\$31.06	\$37.85

### **HIGH VS. LOW PLAN COMPARISON - SCHOOL**

ALTUS DENTAL INSURANCE COMPANY, INC.

## CITY OF LYNN Benefit Comparison Effective July 1, 2022

		School Department Current Plan	School Department New Option 7/1/20
		Low Plan	•
Benefits		Low Plan	High Plan
Preventive/Diagnostic			
-	Cleanings	100%	100%
	Oral Exams	100%	100%
	X-Rays	100%	100%
	Fluoride	100%	100%
	Sealants	100%	100%
	Space Maintainers	100%	100%
	Perio Maintenance	100%	100%
Minor Restorative (1)			
	Fillings	80%	100%
	Palliative Treatment	80%	100%
	Endodontics	80%	100%
	Denture Repairs	80%	100%
	Oral Surgery/Anesthesia	50%	100%
	Periodontic Surgery	50%	100%
	Root Planing & Scaling	50%	100%
Major Restorative (1)	Crowns	50%	50%
	Prosthodontics	50%	50%
	Single Tooth Implants	50%	50%
Orthodontia			
	50% to age 19	N/A	\$1,000
Calendar Year Maximum		\$1,500	\$1,500
Dependent Coverage		Age 26	Age 26
Rates Effective 7/1/2022 -	6/30/2024		
	Individual	\$15.26	\$17.73
	Family	\$42.50	\$51.79

## **Vision Insurance (Altus)**

## Altus Vision™

by Altus Dental Insurance Co., Inc. in partnership with VSP®



#### Product Details: Altus Vision 175

	In-Network Coverage: VSP Choice Network				
	Altus Vision 175				
Frequency of Services					
Exam / Lens / Frame Contacts (instead of glasses)	Once every 12 / 12 / 12 months				
Copayments					
WellVision Exam®	\$10				
Materials	\$10				
Contact Lens Fitting & Evaluation	Not to exceed \$60				
In-Network Allowances					
Frame / Elective Contact Lens	\$175 / \$175 then 20% off balance				
Covered Lens Options	Impact-resistant lenses for children				
	Standard Progressive Lenses				

	Value-added Programs and Extra Discounts
Lens Enhancements	20%-30% average savings. Including tints, UV protection, scratch-resistant coating, anti-glare coating and more
Featured Frames <sup>1</sup>	Extra \$20 allowance on featured frame brands like bebe, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more
Additional Glasses and Sunglasses	20% savings on additional prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of last WellVision exam
Laser Vision Correction	Average 15%–20% savings. See VSP.com for more information
VSP Diabetic Eyecare Plus Program <sup>SM</sup>	Members with diabetes receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply
TruHearing <sup>® 2</sup>	Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information

Out-of-Network Coverage					
Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$75	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses	Up to \$140
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

Monthly Rates			
Employee Only	Employee & Spouse	Employee & Child(ren)	Family
\$8.44	\$16.88	\$21.67	\$33.11

CITY WEEKLY RATES			
Name	Individual	# of Weeks	
Employee Only	\$1.95	52	
Employee & Spouse	\$3.90	52	
Employee & Child(ren)	\$5.00	52	
Family	\$7.64	52	

SCHOOL WEEKLY RATES			
Name	Individual	# of Weeks	
Employee Only	\$2.67	38	
Employee & Spouse	\$5.33	38	
Employee & Child(ren)	\$6.84	38	
Family	\$10.46	38	

#### **PLEASE NOTE:**

All employees are required to pay a month ahead premium for vision insurance coverage.

In addition to the month ahead premium, during open enrollment School employees must pay July and August premiums. These premiums will be deducted from your paycheck in the month of June.

School employees pay for Vision coverage from September 2022 through August 2023 in 38 equal premiums paid from September through June.

School employees who enroll in vision as a result of a qualifying life event/new hire will pay weekly premiums in addition to a catch up of any premiums due for the summer months.

All vision policies will be effective the first day of the month following date of hire or qualifying life event.

# Have Questions? Need More Information on Dental or Vision Insurance?

Tracy Daddario

Group Benefits Manager / DiVirgilio Financial Group

tracy@dfgedge.com

## **Additional Benefits of Vision Insurance**

# VSP® DIABETIC EYECARE PLUS PROGRAM



#### **Created for Altus Dental**

The VSP Diabetic Eyecare Plus Program goes beyond routine eyecare and provides additional coverage for your members with diabetes, diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Plus, members will have the reassurance and convenience of visiting the same eyecare provider who knows their eyes best.

	PROGRAM SUMMARY
Retinal Screening	VSP members with diabetes who do not have diabetic eye disease receive a covered-in- full retinal screening. These retinal photos help doctors detect and manage health conditions. Images can be compared side-by-side, year after year, to discover even subtle changes and help monitor eye health over time.
Additional Services	VSP members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD) receive:  • medical follow-up exams and services to monitor and track disease progression  • an additional exam with refraction for changes in vision due to diabetes medication(s)  • fundus photography with interpretation and report  • visual field and acuity tests  • diagnostic imaging of the retina and optic nerve  • scanning laser imaging including optical coherence tomography (OCT)  • specialized diagnostic tests to measure intraocular pressure (IOP) and cornea thickness for glaucoma diagnosis and management
Copay	A standard \$20 copay applies for exams. Copays do not apply to additional professional services (e.g., retinal screening).  The VSP Diabetic Eyecare Plus Program is considered supplemental medical eye care coverage. The member's health insurance carrier should be billed as the primary payer when other coverage exists, and the doctor participates on the health plan's network. Some health plans may require a referral by a primary care physician. The plan provides a standardized set of services that can be performed by optometrists in most states. Contact your VSP representative for more information regarding specific coverage.
Glossary	Acuity test: Measures the eye's ability to see the details of a letter or symbol from a specific distance.  Age-related macular degeneration: Deterioration of the small central portion of the retina that causes loss in the center of the field of vision.  Diabetic eye disease: Group of eye conditions that includes diabetic retinopathy, diabetic macular edema, cataracts, and glaucoma.  Diabetic macular edema: Accumulation of fluid in the macula—part of the retina that controls most detailed vision abilities—due to leaking blood vessels caused by diabetic retinopathy.  Diagnostic imaging: Photos of the eye used to diagnose conditions.  Fundus photography with interpretation and report: Photography of the back of the eye (macula, retina, and optic nerve) to evaluate and monitor ophthalmic conditions. Includes documentation of treatment plans, when required.  Glaucoma: Condition that causes damage to the eye's optic nerve.  Retinal screening: High-resolution pictures of the inside of the eye taken as baseline documentation of a healthy eye.  Scanning laser imaging: Uses diagnostic imaging to take measurements of the optic nerve and retina.  Visual field test: Measures central and peripheral vision to help determine blind spots.

## TRUHEARING® HEARING AID DISCOUNT PROGRAM

VSP\* Vision Care members can save up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too.

#### HEARING LOSS IS GROWING IN THE WORKPLACE

Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. Unfortunately, 38 million Americans need hearing aids, 70% of the people with hearing loss don't treat it, and only 30% seek treatment. And the high cost of hearing aids is a major factor keeping people from addressing their hearing loss.

96% of customers surveyed would recommend TruHearing to their friends and family.'

#### MORE THAN JUST GREAT PRICING

TruHearing also provides members with:

- · Three provider visits for fitting and adjustments
- A 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid on all non-rechargeable aids

#### PLUS, MEMBERS GET:

- Access to a national network of more than 6,000 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- High quality, low-cost batteries delivered to your door

Best of all, if your organization already offers a hearing aid allowance, members can combine it with TruHearing prices to reduce their out-of-pocket expense even more!



## **TruHearing**

truhearing.com/vsp

#### **HERE'S HOW IT WORKS:**

#### **Contact TruHearing.** Members and their family call **877.396.7194** and

#### mention VSP. Schedule exam.

TruHearing will answer questions and schedule a hearing exam with a local provider.

#### Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

## **Benefit Contacts**

<b>City Benefits</b>	<b>School Benefits</b>
Nancie DeJoie	personnel@lynnschools.org
ndejoie@lynnma.gov 781-586-6901	781-593-1680
761-360-0301	
Or	
personnel@lynnma.gov	